

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Freedom and Security Pac

**A.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF ERIK PAULSEN

Mailing Address PO BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
campaign contribution

Candidate Name  
ERIK PAULSEN

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4505

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MANION FOR CONGRESS

Mailing Address PO BOX 28

City DOYLESTOWN State PA Zip Code 18901

Purpose of Disbursement  
campaign contribution

Candidate Name  
TOM MANION

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4500

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
campaign contribution

Candidate Name  
PETER G OLSON

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 22

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.4501

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

3000.00